## L21000412912

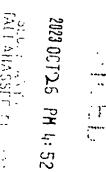
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## **COVER LETTER**

Law Office	of Shiela R. Burke, LLC		
SUBJEĊT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Shiela Sweat		
	·	Name of Person	
	·	Firm/Company	<del></del>
	9527 Channing Hill Dr		
		Address	<del></del>
	Sun City Center FL 33573		
	The state of the s	City/State and Zip Code	
	shicla.sweat@gmail.com		
	. E-mail address: (	to be used for future annual report noti	fication)
or further information c	oncerning this matter, please co	all:	
Shiela Sweat		813 6930072	
Name o	f Person	at () Area Code Daytim	e Telephone Number
inclosed is a check for the	ne following amount:		
<b>≅</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 17, 2023

SHIELA SWEAT 9527 CHANNING HILL DR SUN CITY CENTER, FL 33573

SUBJECT: LAW OFFICE OF SHIELA R. BURKE, LLC

Ref. Number: L21000412912

We have received your document for LAW OFFICE OF SHIELA R. BURKE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the amendment form was missing. All pages must be submitted.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring Regulatory Specialist III Internet Support

Letter Number: 823A00024017

www.sunbiz.org

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Office of Shiela R. Burke, LL	∡C.				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	our records.)		<del>_</del>
The Articles of Organization for this Limited I	Liability Company	were filed on 9/17/202	21	and	l assigned
lorida document number L21000412912	<u> </u>				
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
Sweat Law, PLLC					
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designa	ation "LLC" or the	abbreviation	1 "L.L.C."
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)		2029 OC		
					D
				188 188 188 188 188	3
Inter new mailing address, if applicable:				(T) .	D <i>i's</i>
Mailing address MAY BE A POST OFFICE	BOX)				
				(5) O	
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our record	is, <u>enter the na</u>	ume of the	new registere
Name of New Registered Agent:	Shirela	R. Sweat, F	<u>-sq.</u>		
New Registered Office Address:	208 00	R. Sweat, f Kfield Dr. # Enter Florida st	rcet address		
	Brander	City	, Florida _	335 Zip Ca	i
		-			

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>( ( )                                 </u>	Shiela R. Sweat, Esq.	208 Oakfield Dr. # 1252 B	rardon 92 3351 (1) Add
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r and need to change	my last name. My	last name is no l	onger Burke. I ar	n recently married a	nd my last	name is	;
Sweat, I have update	d my social securit	y card and have a	Iso changed the	name on my driver's	license. I	am	
including a copy of n	ny license as a supp	porting document	. If there are any	questions please let	me know.		<del></del> -
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ocument's effective date of	on the Department of	of State's records					
record specifies a delayed is filed.	effective date, but	not an effective t	ime, at 12:01 a.n	n, on the earlier of: (	b) The 90	Oth day a	after the
October 2nd		2023	·				